



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 064000001

CITY OR TOWN LYNNFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WAKEFIELD ELKS HOME ASSN.

DOING BUSINESS A

ADDRESS 63 BAY STATE RD.

CITY/TOWN: LYNNFIELD

STATE: MA

ZIP CODE: 01940

MANAGER: HOOD, CHESTER TYPE OF LICENSE: Club
N.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLR; CLUB ROOM, LOUNGE, KITCHEN, STOREROOMS. 2ND FLR; MAIN HALL, KITCHEN,
COAT ROOMS, STOREROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 064000003

CITY OR TOWN LYNNFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BROADWAY LIGHTS LLC

DOING BUSINESS AS THE FAT CACTUS

ADDRESS 215 BROADWAY

CITY/TOWN: LYNNFIELD

STATE: MA

ZIP CODE: 01940

MANAGER: GREER,
MATTHEW M. II

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SMALL PRIVATE DINING ROOM, MAIN DINING ROOM, LOUNGE AND BAR, LARGE
PRIVATE DINING ROOM. CAPACITY 333.

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 064000005

CITY OR TOWN LYNNFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BALI HAI, INC

DOING BUSINESS AS

ADDRESS MOULTON DR. & OAK ST.

CITY/TOWN: LYNNFIELD

STATE: MA

ZIP CODE: 01940

MANAGER: YEE, JAMES W

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLR; MAIN ROOM, COCKTAIL LOUNGE, KITCHEN, MENS AND LADIES
ROOM, STORAGE ROOM, FOYER, VESTIBULE; LOWER LEVEL; ONE BIG STORAGE ROOM;
ONE MAIN ENTRANCE AND EXIT. ONE EMERGENCY EXIT FROM KITCHEN

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 064000007

CITY OR TOWN LYNNFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 99 RESTAURANTS OF BOSTON, LLC

DOING BUSINESS AS

ADDRESS 317 SALEM STREET

CITY/TOWN: LYNNFIELD

STATE: MA

ZIP CODE: 01940

MANAGER: KERR, ALAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LEVEL OF SLAB CONSTRUCTION WITH NO BASEMENT OR ATTIC. MAIN ENTRANCE IN FRONT CONSISTS OF RESTAURANT, BAR, KITCHEN, OFFICE AND LIQUOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

(If disapproved explain)

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 064000012

CITY OR TOWN LYNNFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KJA, INC.

DOING BUSINESS AS DONOVAN'S

ADDRESS 449 BROADWAY SO

CITY/TOWN: LYNNFIELD

STATE: MA

ZIP CODE: 01940

MANAGER: DUONG, JENNIE

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR RETAIL STORE WITH ONE FRONT ENTRANCE AND ONE REAR EXIT. TWO SIDE EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 064000018

CITY OR TOWN LYNNFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: T & L Liquors, Inc

DOING BUSINESS AS T & L Liquors Wine Cellar

ADDRESS 588 MAIN ST

CITY/TOWN: LYNNFIELD

STATE: MA

ZIP CODE: 01940

MANAGER: DiChiara, Diana
Porter

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

950 SQ FT OF RETAIL AREA PLUS 450 SQ FT OF STORAGE AREA. TWO ENTRANCES AND
EXITS, ONE PEDESTRIAN, ONE VIA THE LOADING DOCK

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 064000020

CITY OR TOWN LYNNFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MOHAMMAD ISLAM

DOING BUSINESS A OLD TOWNE MARKET

ADDRESS 8 POST OFFICE SQUARE

CITY/TOWN: LYNNFIELD

STATE: MA

ZIP CODE: 01940

MANAGER: ISLAM,
MOHAMMAD

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3400 SQ FT GROCERY, MEAT, PRODUCE, DELI, AND COOKED FOOD FACILITY WITH
SEPARATE ENTRY AND EXIT FRONT DOORS, REAR LOADING DOCK, DOUBLE DOOR AND
SINGLE REAR DOOR. STORAGE IS EQUIPPED WITH ALARM AND MONITORING SYSTEM.

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 064000023

CITY OR TOWN LYNNFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VERC ENTERPRISES, INC

DOING BUSINESS AS LYNNFIELD EXXON

ADDRESS 8 BROADWAY

CITY/TOWN: LYNNFIELD

STATE: MA

ZIP CODE: 01940

MANAGER: VERCOLLONE,
LEO M.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LEVEL WITH NO BASEMENT OR ATTIC, MAIN ENTRANCE IN FRONT, CONSISTS OF
STORE, DONUT SHOP, OFFICE AND UTILITY STORAGE ROOM

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 064000025

CITY OR TOWN LYNNFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHREE RAM KABIR, LLC

DOING BUSINESS AS KERNWOOD LIQUORS

ADDRESS 12 SALEM STREET

CITY/TOWN: LYNNFIELD

STATE: MA

ZIP CODE: 01940

MANAGER: PATEL, HIREN

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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